


06/28/00  
JC813 U.S. PTO

06-30-00

A/RE

Please type a plus sign  in this box

PTO/SB/50 (4/98)  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
ed for use through 09/30/2000. OMB 0651-0033  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## REISSUE PATENT APPLICATION TRANSMITTAL

<b>Address to:</b>  <b>Assistant Commissioner for Patents Box Reissue Washington, DC 20231</b>	<b>Attorney Docket No.</b>	042390.P3382CR
	<b>First Named Inventor</b>	Loyde W. Hales, II
	<b>Original Patent Number</b>	5,925,105
	<b>Original Patent Issue Date (Month/Day/Year)</b>	07/20/1999
	<b>Express Mail Label No.</b>	EL034434519US

### APPLICATION FOR REISSUE OF:

(check applicable box)



Utility Patent



Design Patent



Plant Patent

### APPLICATION ELEMENTS

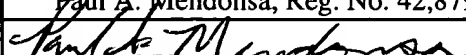
### ACCOMPANYING APPLICATION PARTS

<p>1. <input checked="" type="checkbox"/> *Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification and Claims (amended, if appropriate)</p> <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113)</p> <p>4. <input type="checkbox"/> Reissue Oath / Declaration (original or copy) (37 C.F.R. § 1.175)(PTO/SB/51 or 52)</p> <p>5. Original U.S. Patent Offer to Surrender Original Patent (37 C.F.R. § 1.178) <input checked="" type="checkbox"/> (PTO/SB/53 or PTO/SB/54) or <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Affidavit / Declaration of Loss (PTO/SB/55)</p> <p>6. <input checked="" type="checkbox"/> Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es)) <input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53 or 54) <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney</p>	<p>7. <input type="checkbox"/> Foreign Priority Claim (35 USC 119) (if applicable)</p> <p>8. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO - 1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>9. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)</p> <p>10. <input type="checkbox"/> *Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, Status still proper and desired (PTO/SB/09-12)</p> <p>11. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>13. <input checked="" type="checkbox"/> Other: Request for Abstract of Title (1 page)..... ..... .....</p>
--	---

**NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).**

### 14. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number of Bar Code Label	(Insert Customer No. or Attach bar code label here)	or <input checked="" type="checkbox"/> Correspondence address below
<b>Name</b>	BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP	
<b>Address</b>	12400 Wilshire Boulevard, Seventh Floor	
<b>City</b>	Los Angeles	<b>State</b> California <b>Zip Code</b> 90025
<b>Country</b>	U.S.A.	<b>Telephone</b> (503) 684-6200 <b>Fax</b> (503) 684-3245

<b>Name (Print/Type)</b>	Paul A. Mendonsa, Reg. No. 42,879		
<b>Signature</b>		<b>Date</b>	06/28/2000

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

JC813 U.S. PTO  
09/608372  
06/28/00

Please type a plus sign (+) inside this box

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/17 (12/99)

Approved for use through 09/30/2000. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

# FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision.  
Small Entity payments must be supported by a small entity statement,  
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.  
See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$ 1,705.00

## Complete If Known

Patent No. 5,925,105  
Issue Date July 20, 1999  
First Named Inventor Loyde W. Hales, II  
Examiner Name  
Group/Art Unit  
Attorney Docket No. 042390.P3382CR

## METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees to:  
☒ The Commissioner is hereby authorized to credit any over payments to:

Deposit  
Account  
Number  
Deposit  
Account  
Name

02-2666

Blakely, Sokoloff, Taylor & Zafman LLP

☐ Charge Any Additional Fees Required Under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

2. ☒ Payment Enclosed:  
☒ Check ☐ Money Order ☐ Other

## FEE CALCULATION

### BASIC FILING FEE

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
101	690	201	345	Utility filing fee	
106	310	206	155	Design filing fee	
107	480	207	240	Plant filing fee	
108	690	208	345	Reissue filing fee	\$690.00
114	150	214	75	Provisional filing fee	

SUBTOTAL (1) (\$ 690.00

### EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
49	20	18.00	\$522.00
9	3	78.00	\$468.00

\*\*or number previously paid, if greater. For Reissues, see below

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	78	202	39	Independent claims in excess of 3
104	260	204	130	Multiple Dependent claim, if not paid
109	78	209	39	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 990.00

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEE

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet.	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920 *	112	920 *	Requesting publication of SIR prior to Examiner action	
113	1,840 *	113	1,840 *	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for response within first month	
116	380	216	190	Extension for response within second month	
117	870	217	435	Extension for response within third month	
118	1,210	218	680	Extension for response within fourth month	
128	1,850	228	925	Extension for response within fifth month	
119	300	219	150	Notice of Appeal	
120	300	220	150	Filing a brief in support of an appeal	
121	260	221	130	Request for oral hearing	
138	1,510	138	1510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,210	241	605	Petition to revive - unintentional	
142	1,210	242	605	Utility issue fee (or reissue)	
143	430	243	215	Design issue fee	
144	580	244	290	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	240	126	240	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	790	246	395	Filing a submission after final rejection (37 CFR 1.129(a))	
149	790	249	395	For each additional invention to be examined (37 CFR 1.129(b))	
Other fee (specify)				Request for Abstract of Title	25.00
Other fee (specify)					

\* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 25.00

## SUBMITTED BY

Typed or Printed Name Paul A. Mendonsa

Signature

*Paul A. Mendonsa*

Date

06/28/2000

## Complete (if applicable)

Reg. Number 42,879

Deposit Account User ID

02-2666

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.